Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3847	A. BUILDING _____ B. WING _____	02/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER DAYS GROUP HOME	**261 E ELDORADO LANE, LAS VEGAS, NEVADA ,89123**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure mandatory grading resurvey completed at your facility on 02/13/24 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/orpersons with chronic illness and/or persons with mental illness, 3 Category I and 7 Category II residents. The census at the time of the survey was seven. Seven resident files and three employee files were reviewed. The facility received a grade of A. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	0000		
0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.	0178		02/13/2024
0179 SS= D	Health & Sanitation - Screens - NAC 449.209 Health and sanitation. (NRS 449.0302) 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects.	0179		02/13/2024

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0515 SS= F	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.;	0515		02/13/2024
0557 SS= D	Provision of Dental, Optical and Hearing Care - NAC 449.262 Provision of dental, optical and hearing care and social services; report of suspected abuse, neglect, isolation or exploitation; restrictions on use of restraints, confinement or sedatives. (NRS 449.0302) 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident; (b) Lock a resident in a room inside the facility; or	0557		02/13/2024

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0690 SS= D	Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or herself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident ' s physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident.	0690		02/13/2024

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0870 SS= E	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).	0870		02/13/2024
0885 SS= D	Medication - Destruction - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Inspector Comments: Based on record review and interview, the facility failed to ensure medication was destroyed for 1 of 7 residents (Resident #2). Resident #2 (R2) R2 was admitted to the facility on 11/18/23 with diagnoses including cardiovascular accident, cerebral infarction, and Lupus. R2's February 2024 MAR documented Senna S Tab 8.6-50 milligrams (mg), give	0885	1) In order to correct the specific findings stated in the SOD that the facility failed to ensure the medications were destroyed for 1 and 7 residents, the facility will immediately remove discontinued medications from the bin and destroy all medications that are discontinued by the physicians. 2) In order to ensure the deficient practice does not recur the resident's medication bins will be inspected daily that there is no discontinued medications inside. 3) In order to monitor that the deficient practice will not recur, the facility will cover medication management in the weekly staff meetings. 4) The administrator of the facility is responsible for ensuring the POC is implemented that all discontinued medications are destroyed and are not inside the resident's medication bins. 5) The corrective action was completed on February 13, 2024. The medications were removed and destroyed.	02/13/2024

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	two tablets by mouth twice a day as needed for constipation; do not exceed 6 tabs per day. On 02/13/24 in the afternoon, Senna S Tab 8.6-50 mg was observed in R2's medication bin. The bottle of Senna S tablets was labeled for a different resident who had been discharged from the facility. R2's February 2024 MAR documented Bisacodyl/Suppository 10 mg, Unwrap and insert one suppository per rectum once daily as needed for constipation. On 02/13/24 in the afternoon, Bisacodyl suppositories were observed in R2's medication bin. The Bisacodyl suppositories were labeled for a different resident who had been discharged from the facility. In an interview via phone on 02/13/24 in the afternoon, the Administrator confirmed R2 was not prescribed Senna S Tab 8.6-50 mg and Bisacodyl suppositories 10 mg, and R2 had not been administered the medications. On 02/29/24 in the afternoon, the Owner/Manager acknowledged the Senna S tablets and Bisacodyl suppositories in R2's medication bin belonged to a discharged resident, and should have been destroyed after the resident was discharged. Severity: 2 Scope: 1			
0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 and R043-22 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s	0895	1) In order to correct the specific findings stated in the SOD that the facility failed to ensure the MAR was accurate for 1 of 7 residents, the facility reviewed and corrected the resident's (2) MAR. 2) In order to ensure that the deficient practice does not recur that all MARS are accurate, the staff will accurately update the MARS, remove discontinued meds and add new medications. 3) To monitor that the deficient practice will not recur, the MARS are reviewed daily and initialed once the medications are given to the residents. 4) The administrator is responsible for ensuring the POC is implemented and ensuring that all MARS are accurate. 5) The corrective action was completed on February 13, 2024.	02/13/2024

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	physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 7 residents (Resident #2). Findings include: Resident #2 (R2) R2 was admitted to the facility on 11/18/23 with diagnoses including cardiovascular accident, cerebral infarction, and Lupus. R2's February 2024 MAR documented Senna S Tab 8.6-50 milligrams (mg), give two tablets by mouth twice a day as needed for constipation; do not exceed 6 tabs per day. On 02/13/24 in the afternoon, Senna S Tab 8.6-50 mg was observed in R2's medication bin. The bottle of Senna S tablets was labeled for a different resident who had been discharged from the facility. R2's February 2024 MAR documented Bisacodyl/Suppository 10 mg, Unwrap and insert one suppository per rectum once daily as needed for constipation. On 02/13/24 in the afternoon, Bisacodyl suppositories were observed in R2's medication bin. The Bisacodyl suppositories were labelled for a different resident who had been discharged from the facility. In an interview via phone on 02/13/24 in the afternoon, the Administrator confirmed R2 was not prescribed Senna S Tab 8.6-50 mg and Bisacodyl suppositories 10 mg and had not been administered the medications. On 02/29/24 in the afternoon, the Owner/Manager acknowledged the Senna S tablets and Bisacodyl suppositories in R2's medication bin belonged to a discharged resident, and R2's February MAR was documented inaccurately. Severity: 2 Scope: 1			
0920 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The	0920	1) In order to correct the specific findings stated in the SOD that the facility failed to ensure the medications of resident (3) were stored in a locked area, the facility immediately stored the medications in the room in a locked cabinet. 2) In order to ensure the deficient practice	02/13/2024

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	caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation and interview, the facility failed to ensure medications were stored in a locked area or a locked container for which the facility had a key for 1 of 7 residents. Findings include: Resident #3 (R3) Resident #3 was admitted on 01/27/20 with diagnoses including coronary artery disease and hypertension. On 02/13/24 in the morning, R3 was observed to have several unsecured medications in R3's room. Medications included: Hemorrhoid cream Phytoplex Z-Guard paste Hydraguard Dimethicone Cream Dimethicone Spray Menthol Spray Coloplast Triad Hydrophilic Wound Dressing Betamethasone Dipropionate Ointment 0.05% Proctozone-HC 2.5 %/Hydrocortisone cream Two tubes of triple antibiotic ointment Orajel Dermaseptin Ointment: Calamine 2%, zinc oxide 19% Dermasil lotion (dimethicone) R3 signed an Ultimate User agreement on 03/01/20, authorizing caregivers to retain and administer R3's medications. On 02/13/24 in the morning, the Caregiver acknowledged the medications should have been secured. Severity: 2 Scope: 1		does not recur, the facility will check all areas, bedrooms daily to ensure that there is no unsecured medications. 3) To monitor that the deficient practice does not recur, that all medication are stored in a lock area, all areas, bedrooms will be check for any unsecured medications. 4) The administrator of the facility is responsible for ensuring that the POC is implemented. That all areas, bedrooms are checked daily for any unsecured medications and to make sure that all medications are store in a locked area. 5) The corrective action was completed on February 13, 2024.	

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0933 SS= F	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (d) A statement from the resident ' s physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services.	0933		02/13/2024
1840 SS= F	UNL Caregiver Training - R063-21 Sec. 4 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care.	1840		02/13/2024